

## THE CONFEDERATE MEDICAL OFFICER IN THE FIELD \*

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**F**IELD ORGANIZATION: The organization of the field and general hospital service of the Confederate medical department was interlocking at the top level during the first two years of the war. Surgeon-General Samuel P. Moore directed the activities of each, and in addition, the medical directors of armies and military departments had general control over all the medical officers and hospitals within the geographical limits of their commands. It was not until March 12, 1863, that a general order was issued by the Adjutant and Inspector-General's Office which altered this latter arrangement. Then general hospitals were removed from the jurisdiction of medical directors of armies and departments and placed under the authority of medical directors of hospitals<sup>1</sup>.

Each army corps had a medical director who was immediately responsible to the medical director of the army. Altogether there were 18 medical directors on duty in September, 1864<sup>2</sup>. Medical directors, in addition to being generally responsible for medical officers and hospitals under their control, were required to prepare for the Surgeon-General two monthly reports: a consolidated report of the sick and wounded and a return of medical officers. Directly below medical directors in the chain of command came the chief surgeons of the various army divisions; these were appointed upon the recommendation of the medical directors and were free from all regimental duty. Right under the division in the army's organization was the brigade, and each brigade had a senior surgeon—not relieved from regimental service—to oversee its general well-being. Medical directors, chief surgeons of divisions, and senior brigade surgeons were directed to make such recommendations regarding the prevention of disease and the "construction and economy of the hospitals, and . . . the police of the camps, as may appear neces-

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sary for the benefit and comfort of the sick, and the good of the service"<sup>3</sup>. These officers, incidentally, were general—not personal—staff officers; hence they were not affected by personnel changes at the command level<sup>4</sup>.

Each regiment generally had one surgeon and one assistant surgeon to minister to its sick and wounded. A bill to authorize the appointment of an additional assistant surgeon to each regiment, passed by Congress in August, 1861, was vetoed by President Davis on the ground that existing legislation was sufficient to meet regimental needs<sup>5</sup>. That all medical personnel did not agree may be seen in the view expressed a year later by Lafayette Guild, Medical Director of the Army of Northern Virginia, that every regiment should have at least two assistant surgeons. Guild also contended that senior surgeons of brigades ought to be relieved from regimental duties and that one or more assistant surgeons should be attached to each brigade as supernumeraries "for assignment to field hospitals and . . . to supply deficiencies continually arising from sickness and death of regimental medical officers"<sup>6</sup>. Records kept and reports made by medical officers in the field were very similar to those required of their counterparts in the general hospitals<sup>7</sup>.

General army regulations allowed regiments in the field one steward, one cook, and one nurse for each company<sup>8</sup>. Hospital stewards, appointed by the Secretary of War, performed duties similar to those executed by stewards in general hospitals. They took charge of the hospital stores, supervised the cooks and nurses, and acted as medical dispensers and apothecaries. Hospital Steward George E. Waller of the Twenty-fourth Virginia Regiment, for example, was left in charge of the field hospital during the entire winter of 1864-1865<sup>9, 10</sup>. Nurses and cooks were usually detailed from the ranks<sup>11</sup>, and a special committee appointed by the Provisional Congress to investigate the medical department complained of poor nursing and cooking in the camps. The establishment of both an army nurse corps and a number of bakeries was recommended by the committee, but neither of the suggestions was deemed to be feasible<sup>12</sup>.

Medical officers in the field were faced with many problems similar to those in the general hospitals, and the regulations for the latter applied, as far as practicable, to the field service<sup>13</sup>. It should be pointed out, however, that after the early epidemics the number of sick in the field was never so troublesome and that most of the disabled were usually

transferred to the general hospitals. As a rule, the most important work of field medical officers pertained to camp sanitation and caring for the men during and immediately following an engagement. Those functions will receive particular emphasis in this paper.

*Camp Sanitation:* Regimental surgeons were responsible for finding out as much as possible about the sanitary condition of the camp site, learning of diseases common to the locality and the means which had been most successful in combating them, keeping a close watch over the clothing needs of the troops, maintaining proper police of the encampment, insisting on strict personal cleanliness, enforcing all hospital regulations, seeing that the water was pure, and suggesting necessary dietary changes<sup>14</sup>. Despite the sanitary regulations, however, actual conditions of camp police not infrequently manifested, to use the words of a Northern observer in describing Confederate hospitals at Gettysburg, "a deplorable want of cleanliness" and at times were "disgustingly offensive."<sup>15</sup> A Union army medical director, examining Confederate field hospitals during the Shenandoah Valley Campaign in late 1864, reported seeing "the most extreme filth and positive indications of neglect. . . ."<sup>16</sup> Confederate inspectors themselves also found police regulations disregarded at times and referred to the necessity of frequent camp inspections<sup>17</sup>. One inspector reported the ground surrounding a division hospital in Petersburg to be "offensive to the sight as well as the smell. In this important feature of cleanliness," he concluded, "there was evident and inexcusable neglect. . . ."

Directives concerning camp sanitation became increasingly strict as its importance became evident. A circular of the Second Brigade, Second Division, Army of Northern Virginia, dated August 3, 1862, ordered regimental commanders to publish and enforce all needful police regulations. Sinks were to be dug at once, and the men were to be compelled by posted sentinels to use them. Non-users were to be "severely punished." A patrol, in addition to the regular sentinels, was "to prevent the commission of nuisances within the camps." Offal was to be buried away from the camps<sup>18</sup>.

Surgeon General Moore ordered "frequent inspections" each month and a sanitary report to division headquarters<sup>19</sup>. In the Army of Tennessee, pursuant to an order of January 8, 1864, the old guard was directed to clean the encampments daily while company details policed their grounds twice daily and stood inspection after each policing. The

brigade officer of the day was responsible for the proper placement and covering of sinks, the isolation of slaughter pens, the daily burning of offal, the policing of places where animals were kept, and for seeing "that nothing offensive to decency or detrimental to health be anywhere visible."<sup>20</sup> In August 1864 the Army of Northern Virginia's medical director instructed chief surgeons of divisions to make at least one inspection each week of the trenches occupied by their divisions. Chief surgeons and inspectors were directed "to confer and advise with the immediate commanders of troops, and, when deemed necessary, to make such suggestions, with reference to the observance of the laws of hygiene, as will prevent disease and promote the health and comfort of the soldier."<sup>21</sup>

Naval officers commanding vessels on the Savannah River received a general order in April 1863 that clothes should be washed three times weekly and hammocks twice each month. Bedding was to be aired when hammocks were washed<sup>22</sup>. When the army was in winter quarters there were usually regular cleaning days or "broom days." During a campaign such days took place during a lull in the fighting. On these occasions the men became almost stifled by the large clouds of dust which resulted from the sweeping and rearranging, but the over-all effect was probably beneficial—for the moment at least<sup>23</sup>.

Responsibility for lax sanitary practices was often assigned to commanding officers in the field. Surgeon-General Moore, in a communication to the Secretary of War, dated October 18, 1861, charged regimental officers with failure to act on the suggestions of medical personnel in effectuating proper hygienic regulations, and he urged that all commanding officers be directed to see that police rules were scrupulously enforced by their subordinates<sup>24</sup>. Brigadier General Earl Van Dorn, commanding the Department of Texas in 1861, was accused of retaining Texan volunteers in an unhealthful location until practically all became diseased<sup>25</sup>.

Surgeon J. Julian Chisolm, writing in 1862, excoriated commanding officers for their failure to appreciate the importance of good hygienic conditions. The Confederate Army would continue to suffer heavily from sickness and death, he contended, unless officers "take more interest in the general welfare of their men, and cease to consider professional advice offensive and intrusive. . . . The sick list," he added, "will offer a fair criterion of the military status of an officer and his capacity

for taking care of his men, which is one of the first rules in military science.”<sup>26</sup> Observers sometimes noticed that vigorous enforcement of sanitary measures not only reduced sickness but greatly improved the discipline and spirit of the troops. It was asserted that General Lee’s efforts along this line transformed the army which he took over from General Joseph E. Johnston, after the latter was wounded at Fair Oaks, from a mutinous and dissatisfied mob into a well-organized, hard-fighting military machine<sup>27</sup>. There is no question but that when commanders insisted on the frequent striking of tents, the punishment of every man who refused to use properly located privy vaults, the careful disposal of the excreta of the sick, and the correct placement of stables and pens for livestock, the salutary results were clearly evident<sup>28</sup>.

*Field Routines:* Medical officers in the field held surgeon’s call, or sick call, early every morning. In the Army of Tennessee sick call was made 15 minutes after reveille, and the ailing of each company were marched to the hospital by a non-commissioned officer detailed daily for such duty<sup>29</sup>. William H. Taylor, a medical officer, wrote of the procedure in his regiment as follows:

“Diagnosis was rapidly made, usually by intuition, and treatment was with such drugs as we chanced to have in the knapsack and were handiest to come at. In serious cases we made an honest effort to bring to bear all the skill and knowledge we possessed, but our science could rarely display itself to the best advantage on account of the paucity of our resources. On the march my own practice was of necessity still further simplified, and was, in fact, reduced to the lowest terms. In one pocket of my trousers I had a ball of blue mass, in another a ball of opium. All complainants were asked the same question, ‘How are your bowels?’ If they were open I administered a plug of opium, if they were shut I gave a plug of blue mass.”<sup>30</sup>

The supply table authorized the issuance of tents for field hospital purposes<sup>31</sup>, but medical officers were sometimes unable to produce them. It was reported late in the summer of 1861 that because of the scarcity of tents farm houses were seeing service as hospitals all along the Potomac<sup>32</sup>, and the next summer General Lee requested division commanders, if possible, to establish their field hospitals in rented houses rather than tents<sup>33</sup>. Most surgeons favored the use of tents over buildings, however, and some believed them to be more conducive to recovery than the general hospitals<sup>34</sup>. Included among the latter group was Charles S. Tripler, Medical Director of the Union Army of the Potomac<sup>35</sup>. Surgeon General Moore’s sentiments on this subject were

reflected during the summer of 1863 by his order that three large tent hospitals be established near Staunton and Winchester to receive all those sick and wounded from the Army of Northern Virginia who required only "temporary assistance"<sup>36</sup>.

Medical officers in the field had a considerable amount of time on their hands when the army was not in motion, and some, unable to obtain professional literature and increase their knowledge of medicine in that way, spent their free time writing letters, seeking out attractive members of the fair sex, attending religious services in the camp, and promoting various other social activities<sup>37</sup>. Occasionally medical societies were formed, and the members thereof met to discuss medical and surgical subjects. At least one such group had a dissecting hut which was fitted up by the surgeon of a Mississippi regiment. "We could easily procure subjects from beyond the lines," wrote a member of this society, "and we thought it legitimate to use them for scientific and educational purposes"<sup>38</sup>.

*Battle Preparations:* Careful preparations were made by medical officers in the field on the eve of expected battles. Medical Director Lafayette Guild ordered that each division medical wagon should transport 150 pairs of drawers, the same number of shirts, 50 blankets, a supply of tea, and some dessicated vegetables to make soup; these items were for the use of wounded during and after a battle<sup>39</sup>. Guild pointed out, in explaining this order, that the clothing of wounded soldiers almost always had to be cut off to facilitate treatment, and even when that was not the case, he added, it was "improper to permit the wounded men to remain in clothes rendered offensive and stiffened with blood." Guild also explained that men suffering from wounds and loss of blood were extremely sensitive to cold even in the summer and thereby needed the warmth afforded by blankets<sup>40</sup>. It is interesting to note that many men on naval vessels removed most of their clothing prior to an engagement; other preparations on board ship included a distribution of tourniquets to division officers and a thorough sanding of the decks "to prevent slipping after the blood should become plentiful."<sup>41</sup>

The medical director of general hospitals, in close contact with the army medical director, attempted as a rule to clear all hospitals near the expected battle site of those who could bear transportation to more distant institutions, and he advised the army medical director as to the number of vacant beds available in each of the hospitals under his juris-

diction<sup>42</sup>. At times, due to army movements, it was necessary to relocate general hospitals<sup>43</sup>. As the battle became imminent, brigade field infirmaries, identifiable by hospital flags, were established; to the extent practicable, these were located in buildings outside the range of shells, but strategically enough to maintain constant communication with both the front and the rear of the army<sup>44</sup>. Brigade medical personnel and supplies were sometimes consolidated for the purpose of setting up division infirmaries<sup>45</sup>.

*The Infirmary Corps:* An infirmary corps, comprising about 30 detailed men—usually the “least effective under arms”—and the assistant surgeon from each regiment, was responsible for the care of the wounded upon the field and for the removal from the field of those unable to walk. The assistant surgeon, who was in charge of the infirmary corps, was to equip himself with a pocket case of instruments, ligatures, needles, pins, chloroform, morphine, alcoholic stimulants, tourniquets, bandages, lint, and splints. All members of the infirmary corps were unarmed and wore a badge to distinguish them from the rest of the command. They were outfitted with one litter to every two men, and each member carried a canteen of water, a tin cup, and a knapsack; the latter was supposed to contain lint, bandages, sponges, tourniquets, four splints, and a pint bottle of alcoholic stimulants. The corps members accompanied the ambulance and were charged with following the action upon the battlefield<sup>46</sup>.

The infirmary corps was no place for cowards. As it advanced with the troops the assistant surgeon kept on the lookout for places suitable as first aid stations; due notice was taken of the topography and gullies deep enough to afford welcome protection were especially sought after. Work done by the corps was usually rather simple, but the members were kept very busy. According to one who served as an assistant surgeon in the field, their service

“ . . . consisted chiefly of the application of plaster and bandages and the administration of stimulants, and superintending the placing of the badly wounded in the ambulances for transportation to the field hospital. No elaborate surgical procedure was undertaken unless there was urgent necessity for it. Sometimes a very extended area was fought over, and wounded men, both our own and the enemy’s, would be scattered about it, often, if the country was wooded or otherwise difficult, in out-of-the way places, whither they had wandered. When the battle was ended, if our troops had possession of the field, we had to hunt up these unfortunates—a duty willingly performed, though not infrequently an arduous one.” <sup>47</sup>

It was especially arduous when the woods caught on fire as occurred during the battles of Chancellorsville and the Wilderness. A vivid picture of the former's aftermath was related as follows by a participant:

"... On the left side of our line . . . the scene beggars description. The dead and badly wounded from both sides were lying where they fell. The woods, taking fire that night from the shells, burnt rapidly and roasted the wounded men alive. As we went to bury them we could see where they had tried to keep the fire from them by scratching the leaves away as far as they could reach. But it availed not; they were burnt to a crisp. The only way we could tell to which army they belonged was by turning them over and examining their clothing where they lay close to the ground. . . ." <sup>48</sup>

At the Wilderness the infirmiry corps was seriously impeded in its work by the flames and smoke; undoubtedly many wounded men there were cremated also as a result<sup>49</sup>.

Members of the infirmiry corps were forbidden to engage in any action which was not strictly in the line of duty; the medical officer was specifically enjoined not to devote his exclusive attention to a wounded officer or leave his post to escort him to the rear. Troops other than the infirmiry corps were not permitted to break ranks to care for the wounded or remove them from the field; those who did were liable to receive harsh punishment<sup>50</sup>. Field commanders were always proud when they could boast in their battle reports that "no soldier left the field unauthorized"<sup>51</sup>.

*The Field Infirmiry During Battle:* While the assistant surgeons were occupied in attending the wounded on the field, the surgeons remained at the brigade or division infirmaries and administered to those whom the ambulances or litter carriers brought in. Their ministrations consisted of performing all necessary surgical operations, seeing that proper nourishment in sufficient quantities was provided by the cooks, and directing the movement of the disabled from the infirmaries to the general hospitals<sup>52</sup>.

Amputations and other surgical operations were supposed to be performed at the field infirmaries with the least possible delay, and this procedure was usually followed<sup>53</sup>. The Surgeon-General, in an effort to increase the strength of the field operating staff, directed, early in 1864, that a Reserve Surgical Corps be organized by medical directors of hospitals for temporary field duty during emergencies. Medical directors were to appoint surgeons to the reserve corps on the basis of one for every five hundred beds in their departments. Those appointed to



the corps were to be skillful in the use of the knife, and field medical directors were authorized to request their services whenever they were needed<sup>54</sup>. Lafayette Guild's inability to obtain the services of as many members of the reserve corps as he requested during the heavy fighting in the Wilderness (May 5-12, 1864) caused him to express the fear that they were "too anxious to return to their hospitals"<sup>55</sup>. Such comments reflect the almost contemptuous attitude sometimes manifested by field surgeons toward those assigned to general hospitals. "As for the disease to which you refer, as being the chronic condition of the 'Hospital Doctors'", wrote one of the former, "I am satisfied it is *incurable*. I only regret it is not mortal"<sup>56</sup>. Surgeon Samuel H. Stout, Medical Director of the General Hospitals of the Army and Department of Tennessee complained bitterly of the field medical officers' lack of confidence in the labors of their fellows in the general hospitals. "Were the same spirit of recrimination manifested toward surgeons in the field by the surgeons in hospitals," he wrote, "few regimental or brigade or division surgeons in this army could do much else than defend themselves against accusations brought almost every day against them by privates in hospitals"<sup>57</sup>.

The scenes in and around field hospitals during an engagement were quite grim. One soldier who visited a field hospital near Atlanta during the summer of 1864 remembered years later the sight of a large pile of arms and legs in the rear of the building and stated that there was nothing in his whole life that he remembered with "more horror than that pile of legs and arms that had been cut off our soldiers"<sup>58</sup>. He concluded his comments on the hospital as follows:

"It was the only field hospital that I saw during the whole war, and I have no desire to see another. Those hollow-eyed and sunken-cheeked sufferers, shot in every conceivable part of the body; some shrieking, and calling upon their mothers; some laughing the hard, cackling laugh of the sufferer without hope, and some cursing like troopers, and some writhing and groaning as their wounds were being bandaged and dressed. I saw a man . . . who had lost his right hand, another his leg, then another whose head was laid open, and I could see his brain thump, and another with his under jaw shot off; in fact, wounded in every manner possible."<sup>59</sup>

To make matters more difficult, hospitals sometimes were caught in the line of fire and both surgeons and patients were killed<sup>60</sup>.

The dead, of course, were buried as soon as possible after a battle by burial parties from the opposing armies. A short truce was usually agreed upon after an engagement to enable the armies to recover the

bodies, and their interment, in common graves dug for the dead of each army, took place immediately. General Lee, according to Lafayette Guild, readily gave his consent to the removal of enemy dead because "he did not want a single Yankee to remain on our soil *dead or alive*"<sup>61</sup>. The offensive odor of dead around the works at Vicksburg and other besieged garrisons created a sanitary problem, and it was sometimes reported that, without a formal truce, Federal skirmishers fired on burial parties<sup>62</sup>. Occasionally, when the army was forced to withdraw after a battle, the dead were left on the field<sup>63</sup>.

*Movement to General Hospitals: The Ambulance Problem.* After the wounded had received the necessary attention at the field hospitals, the surgeons were responsible for directing the removal of those who had undergone operations, and were able to stand further movement, to the general hospital<sup>64</sup>. Ambulances and every other means of wagon transportation were used to transport the wounded to railroad depots, steamer landings, and sometimes the entire distance to the interior institutions. This movement was often handicapped seriously by the lack of a sufficient number of ambulances and animals to draw them, two of the truly serious shortages experienced by medical officers of the Southern Confederacy.

Lafayette Guild could report, even after the bloody battles of the Wilderness and Spotsylvania (May, 1864), that there was no suffering among the men from the lack of medical supplies or surgical attention<sup>65</sup>. And an abundance of medical stores and officers was reported at other times by inspectors and high ranking surgeons in the field<sup>66</sup>. Never, however, did the armies appear to have an adequate amount of ambulance transportation, and in April, 1863, Guild reported that one of the two most serious problems confronting the Army of Northern Virginia as a whole was that of transportation<sup>67</sup>. The lack of ambulances sometimes made it necessary for Guild to keep his wounded in the field<sup>68</sup>; and he complained that the wagons he had were made of inferior materials whereas "the horses appear to have been broken down before turned over to the ambulance train"<sup>69</sup>. Guild believed that each regiment should have two ambulances and that an additional number should be held in reserve for each corps and the whole army<sup>70</sup>. He was unable ever to procure a sufficient number, however, and continued to complain of the ambulance trains' "wretched conditions"<sup>71</sup>. In June, 1863, when Lee's forces invaded Pennsylvania, spring wagons were impressed

so that the sick could be carried forward with the army<sup>72</sup>.

The shortage of ambulance transportation was felt throughout the Confederacy. Thomas Williams, Medical Director of the Army of the Potomac, wrote of the need for ambulances in his army, asserted that poor materials were being used in those that were furnished, and asked that the War Department adopt regulations necessary to prevent the use of hospital wagons for ordinary regimental purposes<sup>73</sup>. When the special congressional committee appointed to investigate the Medical Department completed its inquiry early in 1862, it asserted that the lack of medical wagons had "produced much of the mortality and much of the suffering"<sup>74</sup>. A year later, inspecting officers reported only 38 ambulances in the Army of Mississippi<sup>75</sup>, the Army of Tennessee's medical director informed Surgeon-General Moore that his army had received "an inadequate supply"<sup>76</sup> and Lieutenant-Colonel E. J. Harvie, Assistant Inspector-General in the Army of Mississippi, adverted to the need for surgical instruments in that army but emphasized quite clearly that "ambulances, particularly are required and ought if possible to be supplied"<sup>77</sup>.

Transportation facilities confronting medical personell in the Army of Tennessee became increasingly serious, and early in 1864 its medical director warned "that not half the necessary supplies can be carried and those who are so unfortunate as to be sick or wounded on a march, will have to be left by the roadside"<sup>78</sup>. In the summer of that year, Medical Inspector Edward N. Covey found the ambulance transportation of Medical Director Stout's department to be "entirely insufficient"<sup>79</sup>. And in 1865, entire brigades in the Department of Western Virginia and East Tennessee were found to be without ambulances or medical wagons of any kind<sup>80</sup>. Priorities assigned to the use of wagons for purposes of forage and the movement of subsistence stores during the closing weeks of the war made the problem of transporting medical and hospital supplies almost insoluble<sup>81</sup>.

The wounded usually underwent a most uncomfortable trip even when ambulance transportation was available to move them from the field hospitals. Some spring vehicles were supplied early in the war, but when these broke down they were replaced by ordinary wagons<sup>82</sup>, and as the latter moved over rough, wooded country or on roads rutted by artillery and army supply trains the occupants experienced a rude jolting. Heavy downpours sometimes caused wagons to become mired

in the mud, while, at the same time, the wounded were drenched by the rain falling through leaky covers<sup>83</sup>. Drivers were not always considerate of their charges, and one officer related that he was compelled to draw his pistol on one to stop him from traveling at breakneck speed over the roughest roads<sup>84</sup>.

Ambulance wagons might also be harassed by the enemy. Two ambulance trains headed south after the battle of Gettysburg were both, according to Lafayette Guild, attacked by enemy raiding parties. The raiders, he asserted, "destroyed many wagons," "paroled the wounded private soldiers," and took with them "all of the officers who fell into their hands"<sup>85</sup>. When the Gettysburg wounded reached Williamsport, they were moved across the swollen Potomac on rafts and ferry boats; an ambulance line was then organized to Staunton which made connections with the Richmond trains. Not all, however, were removed to the capital. Many convalesced in the Valley hospitals<sup>86</sup>.

Field medical officers of the Army of Northern Virginia were aided to a considerable extent in the removal of their wounded to the general hospitals by an organization known as the Richmond Ambulance Committee. Established in the capital during the spring of 1862, it was composed for the most part of men exempt from military duty and had an over-all membership of nearly a 100 well-known citizens. Headed by John Enders, the committee formed itself into a military company and attempted, at its own expense, to attend, feed, and transport the wounded to the interior hospitals<sup>87</sup>. At the battle of Williamsburg (May 5, 1862), the organization had 39 ambulances on the field, and it functioned effectively in almost every engagement participated in by Lee's army. Seven thousand men passed through the committee's hands at Chancellorsville (May 2, 1863), and after the battle of Gettysburg, a Richmond newspaper reported that

" . . . the Ambulance Corps was in Winchester for the entire period of three weeks, at the expense of many thousands of dollars to its individual members, caring for the wounded, facilitating their transportation, and doing all possible offices of humanity." <sup>88</sup>

Coordination existed between the Ambulance Committee and the medical directors of the Virginia general hospitals and the Army of Northern Virginia<sup>89</sup>. Lafayette Guild and General Lee both acknowledged publicly the great obligations they were under to the committee for its valuable and humane services<sup>90</sup>.

*Transportation of the Wounded by Rail:* As a general rule, ambulance transportation was used only to remove the wounded to nearby railroad and water connections. A good many disabled soldiers reached the Richmond hospitals in ambulances or on steamers from Drewry's Bluff, but most wounded throughout the Confederacy were transported by rail. In the decade preceding the war the Southern states had been quite active in railroad construction, and by 1860 Virginia and Georgia ranked sixth and seventh, respectively, among all the states in railroad mileage. The enterprise shown by these two states was fortunate for the Confederacy in moving its disabled troops since their strategic location caused a large share of the burden to fall upon their lines<sup>91</sup>.

The movement by rail was at times a most disagreeable experience for the wounded and a trying one for medical officials. After the battle of Chancellorsville, for example, Union cavalry tore up the railroad tracks in the Confederate rear and occasioned a delay of several days in the transportation of the disabled to Richmond<sup>92</sup>. Unheated cars in winter also caused suffering; the wounds of a group that reached Richmond late in November, 1863, on an unheated ambulance train were almost frozen, and the Ambulance Committee "built a fire on the track" to relieve the intense suffering<sup>93</sup>. It was not unusual for trains to jump the track, and the wounded often died or received additional injuries in such wrecks. A Texan who was wrecked en route to the Stout Hospital in Milledgeville, Georgia, wrote: "I went all through the Tennessee campaign, and I tell you that I saw some hard times, and then to get nearly killed on an old car, is rather disheartening."<sup>94</sup> Inspectors complained also of lack of water in the cars and the tendency of engineers to jerk the cars in starting their trains. "Another evil," wrote an inspector late in 1863, "is in the frequent and most unreasonable delays of trains loaded with sick and wounded; in the present crowded and confused condition of transportation, it is doubtful whether we can effect any removal of this difficulty"<sup>95</sup>. Such delays were indeed unavoidable, and a surgeon of the Mississippi Blind Asylum Hospital in Jackson noted that some of the wounded received there were almost "in articulo mortis" when they arrived<sup>96</sup>. Medical Director A. J. Foard of the Army of Tennessee held General Leonidas Polk responsible for much of the suffering borne by the disabled sent back from Murfreesboro because Polk would not allow them to stop at Chattanooga, and Foard spoke of that officer as being "very obstinate"<sup>97</sup>.

*Chickamauga:* The problems involved in the large-scale movement of wounded men to the general hospitals and the utter impossibility under certain circumstances of preventing much tragic suffering and very many deaths may perhaps best be illustrated by the efforts of the medical officers to care for the Chickamauga wounded. In the first place, the wounded had to be moved from 10 to 25 miles over bad roads from the battlefield to the railroad. Rail transportation was at first deficient, and it was reported five days after the battle that there were still 20 carloads of men waiting to be moved. In the meantime, Medical Director Stout had lost contact with the medical director of the Army of Tennessee, but, learning where the wounded were being concentrated along the railroad, he repaired from Marietta to that point with additional medical officers and hospital attendants to supervise the further care and disposition of the wounded. Other hospital surgeons were sent to the field, and they were replaced by private physicians, many of whom volunteered their services to the government during the emergency. After Stout arrived on the scene, he found it necessary to open hospitals at Dalton and Ringgold and to reopen the Tunnel Hill institution; these points were located approximately 14, 8, and 12 miles, respectively, from the area where the wounded were concentrated and were primarily receiving and distributing centers for the patients. Since the hospitals in Stout's department had a capacity of only about 7,500 beds it was necessary to send large numbers of the wounded to other departments; many were assigned to the care of private citizens residing near the hospitals, and furloughs were granted to those who would be disabled for more than 30 days but who did not require skilled surgical attention. The slightly wounded were sent to convalescent camps, and malingerers were returned to their commands. Unfortunately, however, chiefly because of the rail situation, most of the wounded, regardless of ultimate destination, had to be sent to Atlanta. According to Surgeon J. P. Logan, medical officer in charge of the Atlanta hospitals, more than 10,000 soldiers were received into the hospitals of Atlanta during September alone whereas the capacity of those institutions was not more than 1800. To make matters worse, the hospitals below Atlanta were just in the process of being re-opened after their removal from the Chattanooga area. Both Logan and Stout were of the opinion that the medical officials had done well under the circumstances, but the latter communicated to Surgeon-General Moore his need for in-

creased hospital accommodations and more qualified medical officers<sup>98</sup>.

Ordinarily the movement of the disabled to general hospitals took place with much more facility. Almost 5000 wounded men, for example, were received into the Richmond hospitals between May 6 and May 20, 1864, and the total number of deaths during that interval of time was reported as exactly 73. Of this number, it was revealed, 10 were dead upon arrival, 17 died within an hour after their reception, and 14 died within six or seven hours after admission<sup>99</sup>. The reception of wounded from the Army of Northern Virginia at Richmond was superintended by Francis W. Hancock, surgeon in charge of Jackson Hospital, and a military guard stood by to prevent any interference with the men. Only Surgeon Hancock, his immediate aides, and the Ambulance Committee were authorized to attend the disabled<sup>100</sup>.

*Problems of Coordination:* Two important factors that seriously handicapped the Medical Department in removing the sick and wounded to the rear before, during, and after engagements should be noticed. The first of these concerned a lack of proper staff cooperation between the Medical, Subsistence, and Quartermaster Departments. The second was the failure of the military arm to advise the Medical Department of troop movements.

Surgeon-General Moore, in an effort to solve the problem of insufficient staff coordination, proposed to the heads of the Subsistence and Quartermaster Departments in November, 1863, that special commissary and quartermaster officers, subordinate only to their seniors in Richmond, be appointed solely for the purpose of supplying the needs of the sick and wounded. It was Moore's contention that during active operations the duties of the chief commissary and quartermaster officers were so onerous and the lines of communication with their juniors were broken so frequently that proper services simply were not afforded medical officers. No response appears to have been forthcoming, and, late in January, 1864, the Surgeon-General appealed to field commanders themselves to perfect the best arrangement possible and enclosed his own proposition for their information<sup>101</sup>. No comprehensive plan was adopted, but an arrangement was made in Lee's army near the close of 1863 whereby an assistant commissary in each division gave his entire attention during the battles toward providing subsistence for the sick and wounded<sup>102</sup>.

The medical directors of both the Army of the Potomac and the

Army of Northern Virginia complained at times of their inability to make adequate plans for the removal of the disabled because of the commanding general's failure to advise them of operations. Thomas H. Williams, medical chief of the Army of the Potomac, complained that unless the commander was "less reserved in his official intercourse with this Department, untoward circumstances will prove of frequent recurrence"<sup>103</sup>. Lafayette Guild wrote on one occasion that "everything is done hurriedly and mysteriously" and declared that a knowledge of contemplated troop movements "would add greatly to the efficiency of the Corps"<sup>104</sup>.

*Treatment of Enemy Captives:* Large numbers of enemy sick and wounded often fell into Confederate hands after engagements, and their treatment was one of the problems of the battlefield. Usually enough Federal medical officers were left to render surgical attention to their troops, but, of course, much supervision and material aid was almost always needed. Many Union troops, for example, were so badly wounded in the terrible battle of Malvern Hill (July 1, 1862) that they could not be removed from the field. General Lee, made aware of their suffering, directed Lafayette Guild to assist the Northern surgeons in concentrating their men at a central position "where surgical aid could be more efficiently rendered and where provisions and other necessities could be issued"<sup>105</sup>. Arrangements were sometimes made which allowed the United States commander to send supplies for his wounded<sup>106</sup>, and it was not unusual, under agreement between the field commanders, for the disabled to be paroled and transferred within the Union lines as speedily as possible<sup>107</sup>. Others were transported to interior hospitals to receive treatment and await parole there. Surgeons of Confederate prison hospitals were ordered, in the spring of 1864<sup>108</sup>, not to transfer any man whose life would be endangered by travel.

Confederate forces were not infrequently charged by the enemy with barbarous conduct in their treatment of Union sick and wounded. Colonel Abel D. Streight, who led a Federal raiding party from Tusculum, Alabama, toward Rome, Georgia, in April, 1863, asserted that the Confederates, after taking possession of the hospitals he had established for his wounded, seized the medical stores, instruments, blankets, rations, shoes, coats, hats, and money from the surgeons and left the wounded "in a semi-naked and starving condition"<sup>109</sup>. Several charges were made to the effect that Confederate officers refused to grant re-



quests, made under flag of truce, for the removal of Union dead and wounded from the field of battle<sup>110</sup>. Such accusations as were made usually condemned the offenders with violating well-recognized principles of war<sup>111</sup>.

There was undoubtedly some mistreatment and neglect of sick and wounded captives by both Confederate and Union forces. Neither side, at any rate, enjoyed a monopoly of accusations against the other. Lafayette Guild, for example, held that "the inhuman enemy invariably, when an opportunity offers, drag our sick and wounded officers (at the sacrifice of their lives) into their own lines"<sup>112</sup>. Charges and counter-charges notwithstanding, Union officers themselves have testified to many refreshing instances of human attention accorded their disabled by Southern medical officers. John Swinburne, left in charge of the Federal sick and wounded remaining on the field after the "Seven Days" (June 25-July 1, 1862), informed General Lee that the Confederate surgeons had "performed miracles in the way of kind attention both to us surgeons as well as the wounded"<sup>113</sup>. A detail of United States surgeons sent within the Southern lines after the battle of Chancellorsville (May 2, 1863) to effect the removal of their men related that the "rebel surgeons . . . treated our wounded with consideration"<sup>114</sup>. During the Wilderness campaign some 600 Union troops were rescued from hospitals inside the Confederate lines, and Montgomery C. Meigs, Quartermaster General of the United States, informed the Secretary of War that the men were in "generally good condition" and had been "kindly treated by the enemy"<sup>115</sup>. Thomas A. McParlin, medical head of the Union Army of the Potomac, reported, after the battle of Cold Harbor (June 3, 1864), that the Federal wounded collected in Confederate field hospitals received the same amount of food, medical attendance, and medical supplies as the Southern wounded<sup>116</sup>.

The kind of treatment of many Confederate wounded who fell into Union hands on land and sea has also been attested by Southern officers and other observers. When Lee abandoned his positions at Antietam, for example, many wounded were left behind, and the kindness of the doctors in blue to those wounded received wide recognition. Jonathan Letterman, the Union army's medical director, expressed the sentiment of most army medical officers in the following statement: "Humanity teaches us that a wounded and prostrate foe is not then our enemy"<sup>117</sup>.

*Exchange of Surgeons:* An extremely significant development pertaining to the status of medical officers captured on the field of battle occurred in the spring of 1862. During the opening campaigns of the war, captive surgeons, in accordance with the practice that had prevailed throughout the world, were held prisoners in the same manner as other officers. Most medical officers, as well as other military personnel, dreaded captivity, and, when their armies were compelled to retreat after an engagement, there was an understandable reluctance on their part to remain with the wounded and face months of confinement in enemy prisons. Their incarceration, generally speaking, meant that many sick and wounded comrades would be deprived of their services over an indefinite period of time. When Stonewall Jackson, during his Shenandoah Valley campaign of 1862, entered the city of Winchester on May 25, however, a train of events was set in motion that inaugurated a new departure in the annals of war.

A number of Union wounded had been left at Winchester's Union (Hotel) Hospital in charge of J. Burd Peale, a brigade surgeon, and seven other Federal medical officers. General Jackson ordered that Peale and his colleagues be allowed to continue their ministrations undisturbed, and before Jackson's forces withdrew from the city on May 31, an agreement was entered into between the Union surgeons and Hunter Holmes McGuire, medical director of Jackson's army, which freed the former unconditionally, upon their promise to work for the release of the same number of Confederate surgeons. The Union surgeons also agreed to lend their efforts to win support for the principle that all medical officers captured thereafter should be released unconditionally<sup>118</sup>.

The agreement of May 31, 1862, between the Union medical officers and Medical Director McGuire at Winchester was followed by a proposal on June 10, 1862, from General George B. McClellan, Commander of the United States Army of the Potomac, to General Lee, that medical officers "be viewed as non-combatants" and not liable to detention as prisoners of war<sup>119</sup>. General Lee concurred in this proposition on June 17, 1862<sup>120</sup>. Two days later, General McClellan sent General Lee a copy of General Orders No. 60, dated June 6, 1862, issued by the Adjutant General's Office in Washington, paragraph 4 of which reads as follows:

"The principle being recognized that medical officers should not be held

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as prisoners of war it is hereby directed that all medical officers so held by the United States shall be immediately and unconditionally discharged.”<sup>121</sup>

The precise relationship between this directive and the Winchester agreement is not known but certainly an important step in the interests of the sick and wounded of both armies had been taken. Complete harmony on the subject was apparently reached when the Confederate Adjutant and Inspector General's Office published General Orders No. 45 on June 26, 1862, which, like its Northern counterpart, directed the immediate and unconditional discharge of all medical officers in Southern prisons<sup>122</sup>.

Release of medical officers pursuant to the foregoing orders proceeded without interruption until the summer of 1863. At that time the orders were suspended due to ill feeling which developed from the case of Dr. William P. Rucker<sup>123</sup>. Dr. Rucker, a staunch Unionist native of Covington, Virginia, was charged by the Commonwealth of Virginia with having committed murder and stolen a horse shortly after the outbreak of hostilities. On July 25, 1862, Confederate cavalry forces captured Rucker, who by that time it seems was a surgeon in the Union army, stationed at Summersville, West Virginia. Rucker was then delivered for trial to the state authorities. Robert Ould, the Confederate Agent of Exchange, refused to consider demands for Rucker's release or to concur in a proposal which would have permitted the exchange of all medical officers held by both sides with the exception of Rucker and a hostage held for him by the United States. The dreary controversy over Rucker dragged on until October, 1863, at which time he escaped from the state authorities in Richmond. On November 11, 1863, Ould accepted a Union proposal for the immediate release of all medical officers without reservation<sup>124</sup>, and the free exchange of surgeons was resumed<sup>125</sup>.

Cases continued to arise from time to time of the detention of Confederate medical officers by the United States, and these were sometimes attributed to the “maladministration of subordinate officers”<sup>126</sup>. The detention of medical officers for months at a time in such institutions as the Old Capitol Prison in Washington<sup>127</sup>, the Military Prison Hospital in Louisville, Kentucky<sup>128</sup>, and United States Military Prison No. 21 in New Orleans<sup>129</sup>, however, probably could not be blamed altogether on subordinates. And eight Southern surgeons were detained for four months in Chattanooga Hospital No. 2—during

which time all of their wounded had been exchanged<sup>130</sup>. Records indicate also that medical officers of the United States were sometimes subjected to undue detention in the Confederacy<sup>131</sup>.

Medical officers on both sides were always anxious for the speedy exchange of all prisoners, and the case for the neutralization of hospitals, their personnel and material was stated by no one any more ably than it was by Surgeon Henry S. Hewit of the United States Medical Department in January, 1865. Hewit, Medical Director of the Army of Ohio, wrote:

"The hospital should, under all circumstances, be held sacred. Surgeons and attendants engaged in their legitimate duties should not be subject to capture, and hospital stores and medicines should have free transit and enjoy freedom from capture or confiscation. The question is of the utmost importance in its most obvious view in saving life and mitigating suffering on the field of battle, and taking away the necessity for sudden and most distressing removals of wounded men according to the exigencies of conflict. . . . It would do more than any measure, either military or political, to realize the desire of every patriot—the restoration of an harmonious Union." <sup>132</sup>

Surely the field surgeon should have been accorded, in the interests of humanity, the utmost consideration. He endured the long marches with the troops and shared their peril on the field of battle. His hospital frequently fell into the line of fire, and, during the din of battle and after, he was called upon to perform hour after hour the most serious operations. The casualties of major battles were so heavy that neither the Confederate surgeon nor his Northern counterpart ever had enough assistance at times, and his labors in behalf of the wounded often continued until he was overcome by exhaustion. Battlefield promotions and other rewards might be won by the fighting man, but there was little likelihood that the field surgeon, regardless of his risk and work, would receive more than passing notice<sup>133</sup>.

#### REFERENCES AND NOTES

1. *The War of the Rebellion: A Compilation of the Official Records of the Union and Confederate Armies*, 127 vols. and index (Washington, 1880-1901), Ser. II, Vol. II, 425: hereafter cited as *Official Record of the Union and Confederate Armies*.
2. *Confederate States Medical and Surgical Journal*, (Richmond, 1864-65), I (September, 1864), 152. Ordinarily, according to General Orders No. 23, February 25, 1863, the senior surgeons of commands entitled to medical directors were detailed as medical directors, but the directive provided that when the interests of the service required, the Surgeon General would recommend medical directors. Robinson,

- R.H.P. (comp.), *General Orders . . . For the Year 1863 . . .* (Richmond, 1864), 21.
3. *Official Records of the Union and Confederate Armies*, Ser. IV, Vol. I, 1024-1025.
4. *Ibid.*, Vol. II, 56.
5. *Journal of the Congress of the Confederate States of America*, 1861-65, 7 vols. (Washington, 1904-05), I, 370-71; hereafter cited as *Journal of the Congress*.
6. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XI, Pt. 2, 501.
7. *Regulations for the Army of the Confederate States, 1863* (Richmond, 1863) 239-240.
8. *Ibid.*, 240; *Regulations for the Medical Department of the Confederate States Army* (Richmond, 1861-63) 7.
9. Chisolm, J. Julian. *A Manual of Military Surgery*, (Charleston, 1861), 70. See also *Regulations for the Medical Department of the Confederate States Army*, 6; *Regulations for the Army of the Confederate States, 1863*, 238.
10. G. E. Waller to his sister, October 7, 1864, George E. Waller Letters (University of North Carolina Library).
11. Chisolm, *A Manual of Military Surgery* loc. cit. 1, pp. 71-72. Band members sometimes served as nurses. Davis, Nicholas A. *The Campaign from Texas to Maryland* (Richmond, 1863), 127. A few women went into the field to nurse the disabled, and the Catholic sisterhoods were quite active in this respect. See Hal Tutwiler to "Cousin Netta," September 2, 1861, Tutwiler Papers (University of North Carolina Library); George Barton, *Angels of the Battlefield*. (Philadelphia, 1898, 2nd ed.).
12. *Journal of the Congress*, I, 725.
13. *Regulations for the Army of the Confederate States, 1863*, 239.
14. Chisolm, *A Manual of Military Surgery*, 123-24.
15. Moore, Frank (ed.), *The Rebellion Record . . .*, 11 vols. and supplement (New York, 1861-68), VII, 127.
16. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XLIII, Pt. 1, 142.
17. *Ibid.*, Ser. I, Vol. XLIII, Pt. 2, 1274.
18. Order Book, Headquarters Second Brigade, Second Corps, Army of Northern Virginia, April-October, 1862 (Confederate Museum, Richmond).
19. SGO Circular, May 24, 1864. This item was found in Letters, Orders, and Circulars Sent and Received, Medical Director, Army of Tennessee, 1863-1865. War Department Collection of Confederate Records, Chap. VI, vol. 642 (The National Archives); hereafter cited as WD Coll. of CR.
20. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XXXII, Pt. 2, 532.
21. L. Guild to his chief medical officers, August 6, 1864, Letters Sent, Medical Director's Office, Army of Northern Virginia, 1863-1865, WD Coll. of CR, Chap. VI, Vol. 642.
22. *Official Records of the Union and Confederate Navies in the War of Rebellion*, 30 vols. and index (Washington, 1894-1927), Ser. I, Vol. XIV, 691.
23. Benjamin Washington Jones, *Under the Stars and Bars. A History of the Surry Light Artillery* (Richmond, 1909), 78; William J. H. Bellamy Diary, July 15, 1862. (University of North Carolina Library); Diary of Richard Woolfolk Waldrop, August 28, 1863, *ibid.*
24. *Official Records of the Union and Confederate Armies*, Ser. IV, Vol. I, 692-693.
25. Davis, *The Campaign from Texas to Maryland*, II.
26. Chisolm, J. J. *Manual of Military Surgery*, 3-5. Field surgeons were known to have voiced their opposition to orders that might affect the health of the soldiers. One brigade commander was told by his senior surgeon that "We must use prophylactic and hygienic measures to preserve the health of our army, and not attempt to cure men who are made sick by improper management." *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XXII, Pt. 2, 1126.

27. Cook, Joel. *The Siege of Richmond* . . . (Philadelphia, 1862), 246-47.
25. Bedford Brown, "Personal Experience in Observing the Results of Good and Bad Sanitation in the Confederate States Army," *The Southern Practitioner* (Nashville, 1879-1918), XV (November, 1893), 448; hereafter cited as "Personal Experience".
29. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XXXII, Pt. 2, 530-532.
30. William H. Taylor, *De Quibus* (Richmond, 1908), 316.
31. *Regulations for the Army of the Confederate States, 1863*, 284.
32. *Richmond Examiner*, September 9, 1861. Some regiments were unable to obtain any tents. Samuel Garland to General James Longstreet, August 8, 1861. Letters Received by Surgeon Thomas H. Williams, WD Coll. of CR, Chap. VI, Vol. 369.
33. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XI, Pt. 3, 637. Ailing officers were sometimes quartered in private homes. J. McF. Gaston to his wife, April 13, 1863, James McFadden Gaston Papers (University of North Carolina Library).
34. Hunter Holmes McGuire, one of Lafayette Guild's medical directors, was in agreement with this point of view. See Joseph Jones, "Observations," *Richmond and Louisville Medical Journal*, IX (June, 1870), 640. See also Chisolm, *Manual of Military Surgery*, 71.
35. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. V, 79.
36. Moore to W. A. Carrington, June 26, 1863, Letters, Orders, and Circulars Sent, Surgeon General's Office, WD Coll. of CR, Chap. VI, 740. Hospital tents were fourteen feet wide, fifteen feet long, and eleven feet high; one could accommodate from eight to ten patients. Several tents could be joined together. Chisolm, *Manual of Military Surgery*, p. 67.
37. Burnett, Edmund C. (ed.), "Letters of a Confederate Surgeon: Dr. Abner Embury McGarity, 1862-65", *Georgia Historical Quarterly* (Savannah, 1917-) XXIX (September, 1945), 174, 180-82. Masonic lodges were operating in some camps. *Ibid.*, (December 1945), 227.
38. L. J. Wilson, *The Confederate Soldier* (Fayetteville, Arkansas, 1902), 171.
39. Guild to H. H. McGuire, April 9, 1864, Letters Sent, Medical Director's Office, Army of Northern Virginia, 1863-1865, WD Coll. of CR, Chap. VI, Vol. 642.
40. Guild to S. P. Moore, *ibid.*
41. Scharf, J. Thomas. *History of the Confederate States Navy* (New York, 1887), 311.
42. Many of the wounded of the battle of Chickamauga were sent by rail to Marietta. To make room at Marietta, the sick in hospital there were sent back to Atlanta, and those in the Atlanta hospitals were moved back to La Grange and other points. Atlanta Southern Confederacy, quoted in *Richmond Examiner*, September 28, 1863. See also C. H. Tebault, "Hospitals of the Confederacy," *The Southern Practitioner*, XXIV (September, 1902) 499-500.
43. S. H. Stout to S. P. Moore, October 10, 1863, copy, Stout Papers, microfilm Reel IIB (University of North Carolina Library).
44. *SGO Circular*, May 7, 1862, Letters Sent and Letters, Orders, and Circulars Received, General Hospital No. 1, Savannah, Georgia, 1862-1864, WD Coll. of CR, Chap. VI, Vol. 648; Wilson, *The Confederate Soldier*, 104-105. See also J. B. Clifton Diary, *passim*, Archives of the North Carolina Historical Commission.
45. *SGO Circular*, May 7, 1862, WD Coll. of CR, Chap. VI, vol. 648.
46. *Ibid.* It has been said that Hunter Holmes McGuire, medical director of Stonewall Jackson's commands, "perfected" the ambulance or infirmiry corps in the spring 1862.
47. Taylor, *De Quibus*, 330.
48. John O. Casler, *Four Years in the Stonewall Brigade* (Marietta, Georgia, 1951), 151.
49. G. Moxley Sorrel, *Recollections of a*

- Confederate Staff Officer* (New York and Washington, 1905), 251.
50. See, for example, *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XIV, 883; *ibid.*, Vol. XXXVIII, Pt. 4, 672.
  51. *Ibid.*, Vol. XI, Pt. 1, 566.
  52. *SGO Circular*, May 7, 1862, WD Coll. of CR, Chap. VI, vol. 648.
  53. *Ibid.*; *Official Records of the Union and Confederate Armies*, Ser. I, Vol. X, Pt. 2, 533. The wounded of the battle of First Manassas, instead of receiving surgical attention on the field, were sent to the general hospitals for treatment. Field surgeons were warned against repetition of this procedure. T. H. Williams to corps medical directors, November 13, 1861, Letters Sent by Surgeon Thomas H. Williams, Medical Director, Army of the Potomac, WD Coll. of CR, Chap. VI, Vol. 367.
  54. *SGO Circular*, March 15, 1864, copy, Letters Sent and Letters, Orders, and Circulars Received, General Hospital No. 1, Savannah, Georgia, 1862-1864, WD Coll. of CR, Chap. VI, Vol. 648. W. A. Carrington, medical director of the Virginia hospitals, and Lafayette Guild, medical director of Lee's army, did not see eye to eye on some matters. Carrington proposed early in 1863, for example, that medical officers be detached from field regiments and assigned to hospital service after battles. Guild contended that further engagements would probably occur and that field officers could not be spared. One purpose of the Reserve Surgical Corps' formation was to enable regimental medical officers to remain in the field. Guild to S. P. Moore, May 22, 1863, Letters Sent, Medical Director's Office, Army of Northern Virginia, 1862-1863, WD Coll. of CR, Chap. VI, Vol. 641.
  55. Guild to J. E. Clagett, May 19, 1864, Letters Sent, Medical Director's Office, Army of Northern Virginia, 1863-1865, WD Coll. of CR, Chap. VI, Vol. 642. Guild proposed, early in 1865, that some system of rotation be devised so that all medical officers could have both hospital and field experience. Guild to Moore, January 9, 1865, *ibid.*
  56. R. T. Breckinridge to H. H. McGuire, February 1, 1863, Letters Sent, Medical Director's Office, Army of Northern Virginia, 1862-1863, *ibid.*, Vol. 641.
  57. Stout to ?, April 28, 1863, copy, Reel IIB, Stout Papers.
  58. Watkins, Sam R. "*Co. Aytch*," *Maury Grays, First Tennessee Regiment . . .* (Jackson, Tennessee, 1952), 193.
  59. *Ibid.*
  60. Heartsill, W. W. *Fourteen Hundred and 91 Days in the Confederate Army . . .* (Jackson, Tennessee, 1954), 96.
  61. Guild to S. P. Moore, May 22, 1863, Letters Sent, Medical Director's Office, Army of Northern Virginia, 1862-1863, WD Coll. of CR, Chap. VI, Vol. 641. See also Casler, *Four Years in the Stonewall Brigade*, 89, 140.
  62. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XXIV, Pt. 1, 89; *ibid.*, Pt. 3, 1002-1003.
  63. See, for example, Dr. James E. Green, Diary, July 3, 1863 (University of North Carolina Library).
  64. Guild advised the Surgeon General after the battle of Chancellorsville that 132 wounded men were not able to bear movement to the railroad depot. Guild to Moore, May 22, 1863, Letters Sent, Medical Director's Office, Army of Northern Virginia, 1862-1863, WD Coll. of CR, Chap. VI, vol. 641.
  65. Guild to Moore, June 7, 1864, *ibid.*, 1863-1865, Vol. 642.
  66. Guild to Moore, April 14, 1863, *ibid.*, 1863-1865, Vol. 641; J. McF. Gaston to his wife, April 16, 1863, James McFadden Gaston Papers; *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XLII, Pt. 2, 1271.
  67. Guild to A. H. Cole, April 11, 1863, Letters Sent, Medical Director's Office, Army of Northern Virginia, 1862-1863, WD Coll. of CR, Chap. VI, Vol. 641. See also J. McF. Gaston to his wife, April 16, 1863, James McFadden Gaston Papers. General regulations allowed each regiment two four-wheeled and two two-wheeled ambulances, but these paper allowances never materialized into actuality. *Regulations for the*

- Army of the Confederate States, 1863*, 284.
68. Guild to Moore, September 6, 1862, Letters Sent, Medical Director's Office, Army of Northern Virginia, 1862-1863, WD Coll. of CR, Chap. VI, Vol. 641.
  69. Guild to Moore, November 22, 1862, *ibid.*
  70. Guild to Moore, April 9, 1864, *ibid.*, 1863-1865, Vol. 642.
  71. Guild to Moore, May 22, 1863, *ibid.*, 1862-1863, Vol. 641. See also *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XIX, Pt. 2, 660; *ibid.*, Vol. XXV, Pt. 2, 820. There was an ambulance manufactory in Richmond at the foot of 17th Street. Richmond *Daily Enquirer*, November 26, 1863.
  72. J. McF. Gaston to his wife, June 27, 1863, James McFadden Gaston Papers.
  73. Williams to A. C. Myers, February 8, 1862, Letters Sent, Medical Director's Office, Army of the Potomac, WD Coll. of CR, Chap. VI, Vol. 460; Williams to S. P. Moore, April 17, 1862, *ibid.* See also *Official Records of the Union and Confederate Armies*, Ser. I, Vol. IV, 667.
  74. *Journal of the Congress*, I, 725.
  75. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XVII, Pt. 2, 844.
  76. E. A. Flewellen to S. P. Moore, July 27, 1863, copy, Letters, Orders, and Circulars Sent and Received, Medical Director, Army of Tennessee, 1863-1865, WD Coll. of CR, Chap. VI, Vol. 748. The shortage of ambulances at Chickamauga delayed the removal of the wounded from the field. Frank M. Dennis to S. H. Stout, October 22, 1863, Stout Papers, Reel IIB.
  77. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XVII, Pt. 2, 844.
  78. A. J. Foard to Stout, February 17, 1864, Stout Papers, Reel IIB.
  79. E. N. Covey to Stout, July 14, 1864, *ibid.*, Reel IIA.
  80. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XLIX, Pt. 1, 982. There was also an early ambulance shortage in the Union army. *Ibid.*, Vol. III, 275; George E. Cooper, Medical Director of the United States Army of the Cumberland, averred late in 1864 that "the animals belonging to the ambulance trains have passed over twice as much ground as those of any other train in the army." *Ibid.*, Vol. XXXVIII, Pt. 1, 179. Well-built wagons and strong, perfectly conditioned animals were required for the field service.
  81. Guild to S. P. Moore, March 1, 1865, Letters Sent, Medical Director's Office, Army of Northern Virginia, 1863-1865, WD Coll. of CR, Chap. VI, Vol. 642.
  82. Miller, Francis T. (ed.), *The Photographic History of the Civil War*, 10 vols. (New York, 1911), VII, 258. See also Chisolm, *Manual of Military Surgery*, 97-98.
  83. Dr. Charles C. Gray, Diary, July 31, 1861 (University of North Carolina Library); Dr. James E. Green, Diary, September 8, 1864; *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XIX, Pt. 2, 606; Cook, *The Siege of Richmond*, 36.
  84. Beale, George William. *A Lieutenant of Cavalry in Lee's Army* (Boston, 1918), 199.
  85. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XXVII, Pt. 2, 326-327.
  86. *Ibid.*, 327. Richmond *Examiner*, July 14, 1863; Burnett (ed.), "Letters of a Confederate Surgeon," *loc. cit.*, XXIX (September, 1945), 162.
  87. Richmond *Dispatch*, December 12, 1897, quoted in *Southern Historical Society Papers* (Richmond, 1876-), XXV (1897), 113; Richmond *Daily Enquirer*, September 26, 1863; Joseph T. Durkin (ed.), *John Dooley, Confederate Soldier, His War Journal* (Washington, 1945), 161.
  88. Richmond *Examiner*, March 19, 1864.
  89. W. A. Carrington to John Enders, April 18, 1864, Letters Sent and Received, Medical Director's Office, Richmond, Virginia, 1864-1865, WD Coll. of CR, Chap. VI, Vol. 364.
  90. Guild to S. P. Moore, May 22, 1863,



- Letters Sent, Medical Director's Office, Army of Northern Virginia, 1862-1863, *ibid.*, Vol. 641; *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XXVII, Pt. 3, 873. The Ambulance Committee even directed the movement of prisoners at times. *Richmond Examiner*, January 21, 1864.
91. Regular ambulance trains connected Virginia hospital centers throughout the war. General Lee and his medical director preferred the hospitals in Gordonsville, Charlottesville, Lynchburg, Danville, Staunton, and Farmville to those of Richmond, and they insisted that their sick and wounded be sent to those points when possible. See, for example, Guild to S. P. Moore, November 26, 29, 1862, Letters Sent, Medical Director's Office, Army of Northern Virginia, 1862-1863, WD Coll. of CR, Chap. VI, Vol. 641; Guild to Surgeon Moffatt, June 5, 1863, *ibid.*
  92. V. W. Harrison to W. D. Somers, May 14, 1863, William D. Somers Papers (Duke University Library). See also Edward A. Moore, *The Story of a Cannoneer under Stonewall Jackson* (Lynchburg, 1910), 127.
  93. *Richmond Examiner*, December 1, 1863.
  94. Mrs. S. E. D. Smith, *The Soldier's Friend* . . . (Memphis, 1867), 293-294.
  95. S. M. Bemiss to Stout, November 28, 1863, Stout Papers, Reel IIB.
  96. W. D. Somers to "friends," September 24, 1862, William D. Somers Papers. General Earl Van Dorn, Commanding General of the Army of West Tennessee at the battle of Corinth, Mississippi (October 3-4, 1862), was charged by a brigade commander, among other things, with having caused great suffering among the wounded in their movement after the battle. Van Dorn, it was asserted, "did allow one or more trains of cars, freighted with wounded soldiers from the battlefield . . . to be detained without any necessity at Water Valley, Mississippi, during one or more entire nights, said wounded soldiers having been herded in said cars at Holly Springs without blankets or nourishment and many with undressed wounds, no surgeon, officer, nurse, or attendant with them. . . ." *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XVII, Pt. 1, 416. A Court of Inquiry, headed by Major General Sterling Price, found Van Dorn innocent of such allegations, however. *Ibid.*, 459.
  97. A. J. Foard to Stout, December 12, 1862, Stout Papers, Reel III.
  98. Frank M. Dennis to Stout, October 22, 1863, *ibid.*, Reel IIB; Stout to S. P. Moore, October 10, 1863, copy, *ibid.*; Wiley M. Baird to Stout, October 22, 1863, *ibid.*, Reel IIA; J. P. Logan to Stout, October 4, 1863, *ibid.*; Logan to Stout, October 24, 1863, *ibid.*, Reel III.
  99. *Richmond Examiner*, May 21, 1864. Of 837 wounded received at the Seabrook Hospital in Richmond during a two-day period after the battle of Fredericksburg (December 13, 1862), only one was reported to have died. *Ibid.*, December 16, 1862.
  100. "Instructions for the Reception and Transportation of Sick and Wounded from the Army of Northern Virginia," Letters Sent and Received, Medical Director's Office, Richmond, Virginia, 1864-1865, WD Coll. of CR, Chap. VI, Vol. 364.
  101. S. P. Moore to Generals Longstreet, Polk, Pickett, Whiting, and Johnston, January 29, 1864, Letters, Orders, and Circulars Sent and Received, Medical Director, Army of Tennessee, 1863-1865, WD Coll. of CR, Chap. VI, Vol. 748.
  102. *Ibid.* (enclosure marked "C"). Medical Director Stout advised the Surgeon General that his "chief difficulties in opening, closing & removing hospitals grow out of the want of prompt, active and zealous cooperation on the part of the Q. Masters and Subsistence departments. When hospitals are removed, it is often the case that they are for weeks without aid from these departments." Stout concluded with the statement that the Medical Department, with all its shortcomings, "can justly claim to be under better discipline and better organized than any of the staff

- departments of this army." Stout to Moore, October 10, 1863, copy, Stout Papers, Reel IIB.
103. Williams to Moore, April 16, 1862, Letters Sent, Medical Director's Office, Army of the Potomac, WD Coll. of CR, Chap. VI, Vol. 460. See also Williams to T. G. Rhett, April 22, 1862, *ibid.*
  104. Guild to Moore, November 22, 1862, Letters Sent, Medical Director's Office, Army of Northern Virginia, 1862-1863, *ibid.*, Vol. 641.
  105. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XI, Pt. 3, 633. See also *ibid.*, 630.
  106. See, for example, *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XXV, Pt. 2, 786; *ibid.*, Vol. XXXVI, Pt. 1, 221; *ibid.*, Ser. II, Vol. VIII, 437.
  107. Guild to R. H. Chilton, July 26, 1862, Letters Sent, Medical Director's Office, Army of Northern Virginia, 1862-1863, WD Coll. of CR, Chap. VI, Vol. 641. Guild to Chilton, September 9, 1862, *ibid.*; Guild to J. Letterman, May 14, 1863, *ibid.*; *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XXV, Pt. 2, 447, 786. The transfer of wounded was a humane action. Major General Henry W. Halleck, General-in-Chief of the Union forces, asserted that it was "impossible for our own medical officers after a battle to attend the sick and wounded prisoners, and usually it is impossible for some weeks to hire citizen surgeons for that purpose." *Official Records of the Union and Confederate Armies*, Ser. II, Vol. IV, 102.
  108. W. A. Carrington to G. W. Semple, April 12, 1864, Letters Sent and Received, Medical Director's Office, Richmond, Virginia, 1864-1865, WD Coll. of CR, Chap. VI, Vol. 364.
  109. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XXIII, Pt. 1, 293.
  110. *Ibid.*, Vol. XXXV, Pt. 1, 301; *ibid.*, Vol. XI, Pt. 2, 210-211.
  111. *Ibid.*, Ser. II, Vol. V, 471; *ibid.*, Vol. VI, 566-569. See also *ibid.*, Ser. I, Vol. XI, Pt. 3, 699.
  112. *Ibid.*, Ser. I, Vol. XXVII, Pt. 328.
  113. *Ibid.*, Ser. II, Vol. IV, 798. See also Cook, *The Siege of Richmond*, 219.
  114. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XXV, Pt. 1, 402-403.
  115. *Ibid.*, Vol. XXXVI, Pt. 2, 854.
  116. *Ibid.*, Pt. 1, 222. See also *ibid.*, Vol. XII, Pt. 1, 708.
  117. *Ibid.*, Vol. XIX, Pt. 1, 112. Confederate disabled and their medical officers left at Gettysburg also received much attention from Medical Director Letterman and the United States Sanitary and Christian Commissions. Simon Baruch, one of the Southern surgeons who remained with the wounded, reported that he was given a six-mule wagon loaded to capacity with commissary and medical stores. Baruch, *Reminiscences of a Confederate Surgeon* (New York [?], 1915), 6. See also Baruch, "A Surgeon's Story of Battle and Capture," *Confederate Veteran* (Nashville, 1893-1932) XXII (December, 1914), 546. Such kindness extended to the war on the sea. The wounded of the *Alabama*, famous Confederate cruiser that was sunk by the *Kearsarge* (June 19, 1864), were taken on board the latter vessel for treatment. *Official Records of the Union and Confederate Navies*, Ser. I, Vol. III, 67-70. Admiral Franklin Buchanan, who commanded the Confederate naval forces in the battle of Mobile Bay (August 5, 1864), reported that his captive wounded were carried to the United States Naval Hospital at Pensacola, Florida, and received much consideration. *Ibid.*, Vol. XXI, 578.
  118. The initiative in proposing the unconditional release of the Union surgeons seems to have been taken by Hunter McGuire. General Jackson's official campaign report is silent in regard to this important arrangement. See *Official Records of the Union and Confederate Armies*, Ser. II, Vol. IV, 799; Ashburn, "Hunter Holmes McGuire," in *Dictionary of American Biography*, 21 vols. and index (New York, 1928-45), XII, 59; "A Sketch of the

- Life and Career of Hunter Holmes McGuire, M.D., LL.D., Surgeon, Physician, Teacher, Patriot," *Southern Historical Society Papers*, XXVIII (1900), 273. The written agreement signed at Winchester has not been located, but Philip Adolphus, one of the Union surgeons, made a copy of the document, and this copy was given to the Society of Medical History of Chicago when he died. George H. Weaver, "Surgeons as Prisoners of War," *Bulletin of the Society of Medical History of Chicago*, IV (January, 1933), 249.
119. *Official Records of the Union and Confederate Armies*, Ser. II, Vol. III, 671.
  120. *Ibid.*, Vol. IV, 45.
  121. *Ibid.* "Instructions for the government of armies of the United States in the field," issued as General Orders No. 100, dated April 24, 1863, stated in part that the "enemy's chaplains, officers of the medical staff, apothecaries, hospital nurses and servants if they fall into the hands of the American Army are not prisoners of war unless the commander has reasons to retain them." *Ibid.*, Vol. V, 674.
  122. *Ibid.*, Vol. IV, 789. Such an order had been issued embracing the Department of Northern Virginia (Lee's command) on June 22, 1862. *Ibid.*, Ser. I, Vol. XI, Pt. 3, 612; *ibid.*, Ser. II, Vol. IV, 784. A Union observer noted that after the new arrangement "many Federal surgeons remained behind, and their services were very much appreciated by the men [left on the field]." Cook, *The Siege of Richmond*, 313-314.
  123. See, for further information on the Rucker case, *Official Records of the Union and Confederate Armies*, Ser. II, Vols. IV, V, VI, *passim*.
  124. *Ibid.*, Vol. VI, 501.
  125. There were, according to a Richmond newspaper, 115 Confederate surgeons exchanged immediately after the accord reached in November. *Richmond Examiner*, November 27, 1863. The same newspaper, sometime earlier, had stated upon the basis of information supplied by "a recent arrival from the North," that there were 65 medical officers confined at Fort McHenry, 26 at Fort Delaware, 4 or 5 at Johnson's Island, and 3 or 4 at Gettysburg. *Ibid.*, October 9, 1863. W. A. Carrington declared that 32 medical officers who remained with the Gettysburg wounded were imprisoned. Carrington to A. W. Whitney, August 19, 1863, Order and Letter Book of the Confederate Medical Director (Confederate Museum). See also *Richmond Daily Enquirer*, September 26, 1863. Nineteen Union surgeons were being held in Libby Prison during July, 1863. *Ibid.*, July 22, 1863.
  126. *Official Records of the Union and Confederate Armies*, Ser. II, Vol. VII, 141.
  127. *Ibid.*, 481.
  128. *Ibid.*, Vol. VIII, 156.
  129. Bartlett, Catherine Thom, (ed.). "My Dear Brother": *A Confederate Chronicle* (Richmond, 1952), 160-61, 171.
  130. *Official Records of the Union and Confederate Armies*, Ser. II, Vol. VII, 853. See, for other cases of unwarranted detention, *ibid.*, 825; *ibid.*, Vol. VIII, 193.
  131. See, for example, *Official Records of the Union and Confederate Navies*, Ser. I, Vol. XV, 505; Scharf, *History of the Confederate States Navy*, 649 (footnote).
  132. *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XXXVIII, Pt. 2, 536. A resolution offered by Horatio W. Bruce of Kentucky, which instructed the House Committee on the Medical Department to inquire into the feasibility of establishing neutral prison hospitals at the most important prison depots in both the Confederate States and the United States, was adopted by the Confederate House of Representatives on February 5, 1864. *Journal of the Congress*, VI, 758-759. There the matter rested.
  133. For comment by a Confederate surgeon on his work during and after the battle of Chancellorsville, see Burnett (ed.), "Letters of a Confederate Surgeon," *loc. cit.*, XXIX (June, 1945), 104, 108. See also, for an account of

enemy shells bursting around a field hospital, *Official Records of the Union and Confederate Armies*, Ser. I, Vol. XI, Pt. 1, 742. A splendid tribute to the Union field surgeon is to be found in Moore (ed.), *The Rebellion Record*, VII, 128. Some surgeons combined military action with their medical duties, and there are quite a few accounts of heroism on the field of battle. Not all

were fearless, however. When shells started falling near the *Arkansas*, a Confederate ram, its long, slim surgeon from Mississippi, according to a veteran of the war, could be heard to groan: "Oh Louisa and the babes!" C. W. Read, "Reminiscences of the Confederate States Navy," *Southern Historical Society Papers*, I (May, 1876), 357.

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## FELLOWS' PORTRAITS

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